

L030000048084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

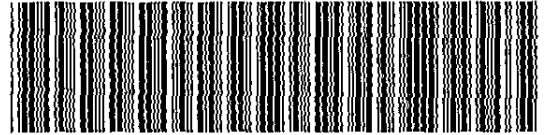
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DIVISION OF CORPORATION

03 NOV 26 PM 12:34

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DIVISION OF CORPORATIONS
03 NOV 26 PM 12:40

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE
1-1-04

SUBJECT: James Kendall's Painting, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Kendall
(Name of Person)

James Kendall's Painting, L.L.C.
(Firm/Company)

189 Kenneth Circle
(Address)

Crawfordville, FL 32327
(City/State and Zip Code)

FILED
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DIVISION OF CORPORATIONS
03 NOV 26 PM 12:40

For further information concerning this matter, please call:

James Kendall at (850) 545-7583
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

EFFECTIVE DATE
1-1-04

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
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DIVISION OF CORPORATIONS
03 NOV 26 PM 12:41

ARTICLE I - Name:

The name of the Limited Liability Company is:

James Kendall's Painting, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

189 Kenneth Circle
Crawfordville, FL 32327

Mailing Address:

same as principal
address

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

James Kendall
Name

189 Kenneth Circle
Florida street address (P.O. Box NOT acceptable)

Crawfordville, FLORIDA 32327
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

James H Kendall
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James Kendall
189 Kenneth Circle
Crawfordville, FL 32327

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

Article IV The effective date shall be 1-1-04

REQUIRED SIGNATURE:

x James H Kendall
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James Kendall
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)